

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		10/29/99
O.I.P.E. CLASSIFIER			5/11/99
FORMALITY REVIEW	BH	7/14/23	11-15-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
01	✓ 9/11/99
02	✓ 3/16/95
03	✓ 2/27/93
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05	✓ ✓
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07	✓ ✓
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17	✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here